



Overview of 2023 Legislative Recommendations

The North Carolina Child Fatality Task Force (Task Force) was created in 1991 and is part of the broader statewide Child Fatality Prevention System that also includes local and state teams that review child deaths. The Task Force develops annual recommendations to prevent child deaths, child maltreatment, and to promote child well-being that are submitted to the governor and the General Assembly. What follows is an overview of the 2023 legislative recommendations from the Task Force. (Some of these recommendations are abbreviated and full recommendations can be found on the [2023 Action Agenda](#).)

**Legislative “support” items receive the highest level of support from the CFTF.
Legislative “endorse” items are led by others and endorsed by the CFTF.**

SUPPORT legislation to launch and fund a new statewide firearm safety initiative focused on education and awareness surrounding firearm safe storage

Firearm deaths and injuries to children in North Carolina have been on the rise during the past decade and skyrocketed in 2020 and 2021. Over 600 North Carolina children ages 17 and younger died from firearm-related injuries from 2012 through 2021, and each year there are five or six times as many firearm-related hospitalizations and emergency department visits as there are deaths. Firearms are the lethal means used in the majority of youth suicides and homicides in North Carolina. Studies show that more than half of all gun owners store at least one gun unsafely and that most guns used in youth suicide and in school shootings come from home. Studies also show that reducing access to firearms through safe storage practices saves lives. A significant surge in gun sales in recent years has elevated the risks of more guns in homes that may not be safely stored, making them accessible to curious young children or youth who may be at risk of harming themselves or others. Recent years have seen a significant increase in juvenile offenses involving a firearm. This safety initiative is focused on state-level efforts/personnel to help communities across the state launch locally tailored initiatives that go beyond media campaigns to reach people to practice safe storage. The recommendation calls for a minimum of \$250,000 for two years of funding.

Firearm deaths and injuries to NC children **skyrocketed in 2020 and 2021**. From 2012 through 2021 **over 600 NC children died** from firearm injuries.



22% of North Carolina high school students report that they seriously considered attempting suicide while 43% said they felt sad or hopeless

SUPPORT recurring funds to increase numbers of school nurses, social workers, counselors and psychologists to support the physical and mental health of students and to move North Carolina toward achieving nationally recommended ratios

Over the past decade in North Carolina, the youth suicide rate and measures of youth mental health have been worsening. A 2021 CDC student survey showed 22% of North Carolina high school students surveyed had seriously considered attempting suicide; 43% said they felt sad or hopeless, with less than half reporting they felt good about themselves. National and state leaders have acknowledged there is a significant youth mental health crisis underway that requires urgent attention and resources. School nurses, social workers, counselors and psychologists play a critical role in identifying and supporting

students who are struggling or in crisis. Yet in North Carolina, the numbers of these professionals are far below nationally recommended ratios. For example, national recommendations are for one school social worker for every 250 students but in North Carolina, there is one for every 1,025 students. Not only do these professionals connect with students one-on-one, they also connect students and their families to community resources to address or avert a crisis and they implement programs in schools to support mental health and prevent youth suicide. They also have an important role in recognizing and responding to suspected child abuse or neglect.

SUPPORT funding sufficient to sustain implementation and continued use of a statewide school health data system

Schools are required to keep certain health-related information and to provide health-related services that impact educational access and success. About 25% of students live with a chronic health condition that may require school support; mental and behavioral health needs of students are significant and may be supported by different care providers in schools. Current practices for keeping health records in North Carolina schools is varied and there is no uniform means of keeping health records or for connectivity of records among schools, in fact many schools still use hard copy records. A statewide electronic school health record system used by all schools is needed to allow school health support professionals to keep up with student needs and services as they move from school to school or district to district and to facilitate school health support professionals to collaborate with one another within the school. A uniform system is also needed to facilitate the kind of record-keeping that is required for a school to bill for eligible Medicaid services, and to help ensure protection of confidential information. Estimated costs are between \$1 and \$1.5 million per year.

SUPPORT legislation and funding to strengthen and restructure the statewide Child Fatality Prevention System

The Task Force has a set of recommendations to strengthen the statewide Child Fatality Prevention System to carry out its purpose of preventing child deaths and child maltreatment more effectively. These recommendations are the result of work that began in 2018 and has involved stakeholders from across the state plus national experts and state agency leaders. The recommendations are intended to optimize the system's existing strengths and to address challenges with its current structure, which may be the most complex in the nation. Recommendations seek to: eliminate duplication of team reviews of child fatalities and consolidate team functions (North Carolina currently has more than 200 teams and some cases are reviewed by three teams); significantly strengthen data capture, analysis, and reporting on information learned in reviews by using a national child death review data system used by 48 other states; strengthen state-level tools and technical support provided to local fatality review teams; address gaps in getting information and recommendations from team reviews to appropriate leaders who can implement change; and provide for a state office of child fatality prevention to coordinate whole system efforts and state-level staff who currently work separately in several different areas of DHHS.

The statewide Child Fatality Prevention System needs to be restructured to optimize its strengths and address multiple challenges, including data deficiencies that can be resolved by joining 48 other states in using a national data system.

SUPPORT state funding to expand efforts to prevent infant deaths related to unsafe sleep environments

The North Carolina Office of the Chief Medical Examiner reports that in the five-year period 2016–2020, there were about 650 infant deaths in North Carolina that were associated with unsafe sleep environments (621 deaths) or Sudden Infant Death Syndrome (28 deaths). In North Carolina, black infants are twice as likely as white infants to die in unsafe sleep environments. Guidelines from the American Academy of Pediatrics to create a safe sleep environment and reduce risk of infant death have evolved during the past decade. Studies show that unsafe sleep practices – for example co-sleeping – are common and that parents and caregivers are not always receiving correct advice from their families, peers, and health and childcare providers. North Carolina's current spending of

only \$97,000 per year is insufficient to provide the level of education and outreach needed to get parents and caregivers of over 120,000 newborns each year to prevent these sleep-related deaths. The Task Force is recommending \$153K in additional recurring funds to reach total spending of \$250,000 (\$2.10 / baby) to expand these prevention efforts.

SUPPORT funding for Medicaid coverage that includes incentives for group prenatal care visits, funding for broad doula coverage, and funding to increase the maternity provider reimbursement rate for bundled payments.

North Carolina's infant mortality rate is among the highest 15% in the nation. Disparities have persisted with the mortality rate of black infants more than 2.5 times higher than that of white infants. Preterm and low birthweight births are among the leading causes of infant deaths. Evidence has shown positive maternal and infant health outcomes from doula support and from group prenatal care. For example, studies have shown that one type of group prenatal care can reduce the risk of preterm birth and decrease racial disparities in preterm birth. Although Medicaid reimburses providers for group prenatal care as part of traditional (or non-group) prenatal care, this type of care is more challenging and costly for providers, who would be more likely to offer group care with incentives to cover the additional challenges and cost. Medicaid does not currently reimburse doulas for their services, so most Medicaid beneficiaries will not have access to a doula unless and until doula services are covered. For providers that provide obstetrical care to Medicaid patients, the current reimbursement rate in North Carolina pays only 59.4% of the Medicare rate for bundled maternity care, putting NC's rate well below the national average. Having a bundled maternity care rate at 100% of the Medicare rate would not only compensate obstetrical providers fairly for maternal care, but would help attract more obstetrical providers to serve Medicaid patients. Additional Medicaid providers are especially needed in rural and underserved areas of the state. A state appropriation of approximately \$9 million recurring and \$800K nonrecurring over 2 years would cover the above funding needs for NC Medicaid.

NC's infant mortality rate is among the highest 15% in the nation. Recommendations calling for sufficient funding for infant safe sleep initiatives and for maternal healthcare strategies that are known to produce better birth outcomes are aimed at reducing infant mortality rates and health disparities.

SUPPORT legislation to strengthen North Carolina's Infant Safe Surrender law in four areas

Since 2001 North Carolina has had an "Infant Safe Surrender" law that is designed to provide a safe alternative for a desperate parent of a newborn who may be tempted to engage in actions harmful to the infant. In recent years the Child Fatality Task Force, with input from experts in juvenile law, examined the Safe Surrender law and developed recommended changes to strengthen the law. These recommendations are aimed at: strengthening protection of a surrendering parent's identity (this is a critical aspect of these types of laws which exist in every state); getting accurate information about safe surrender to a surrendering parent; ensuring the law is only applied under the law's narrow set of criteria; and removing a provision that allowed surrender to "any adult" which caused concerns about human trafficking.

SUPPORT legislation to strengthen NC's child passenger safety law in three areas to address best practices for safety

From 2017 through 2021 more than 400 children died in motor vehicle accidents in North Carolina and many more were severely injured. Proper use and placement of the right kind of child passenger safety seat (car seats and booster seats) to suit various stages of child growth and development can impact whether a child suffers injury or death in the event of a motor vehicle crash. North Carolina's

child passenger safety law differs from the best practice recommendations of the American Academy of Pediatrics and the National Highway Traffic Safety Administration. Evidence shows that children are more likely to ride in the recommended type of child restraint when their state's law includes wording that follows best practice recommendations. The Task Force is recommending changes to North Carolina's law to strengthen child passenger safety in three areas to better address best practice: 1) address importance of younger children riding in rear seat; 2) clarify the need for infants and toddlers to ride in rear-facing seats; and 3) clarify safe transition from a booster seat to an adult seat belt.

NC's child passenger safety laws need to be strengthened to address best practices to prevent motor vehicle-related deaths and injuries to children.



SUPPORT funding to enable the Office of the Chief Medical Examiner to conduct comprehensive toxicology testing in all Medical Examiner jurisdiction child deaths

Currently, the NC Office of the Chief Medical Examiner does not have the necessary resources to conduct comprehensive toxicology screening in all child deaths under their jurisdiction; our state does less toxicology testing on children with an established cause of death than any other state. Without comprehensive toxicology testing on certain case types, there may be missed opportunities to determine contributing factors to a fatality. Expanding comprehensive toxicology testing to more case types for the pediatric population can identify information related to a death that could help to explain more about the circumstances that may be relevant to inform strategies for the prevention of deaths and injuries. For example, comprehensive testing would reveal whether there were drugs in the bloodstream of a young driver, a drowning victim, or an active shooter killed by law enforcement. (Funding needs are \$550,000 in nonrecurring funds and \$110,000 in recurring funds.)

ENDORSE an appropriation of \$17 million in recurring funds for programs to prevent tobacco/nicotine use, encourage cessation by youth and to prevent harms to infants and children caused by tobacco/nicotine use

A recent student survey showed that about one in four North Carolina high school students use e-cigarettes, which can contain high doses of nicotine available in thousands of flavors attractive to youth. Nicotine is highly addictive and can harm adolescent brain development. Nicotine is also toxic to developing fetuses and impairs fetal brain and lung development; tobacco use during pregnancy is associated with leading causes of infant death. The dramatic increase in the use of e-cigarettes during the past decade has coincided with a dramatic decrease in North Carolina's spending on tobacco use prevention programs. The Task Force is recommending \$17 million in recurring funding to prevent harm to youth and infants caused by tobacco and nicotine use.

ENDORSE legislation requiring lifeguards at children's day camps that offer time in the water

From 2016 through 2020, there were more than 120 drowning deaths in North Carolina for children ages 0 to 17 and many more near-drownings requiring medical attention. Drowning is one of the leading causes of unintentional injury death among children. Currently there is no law or rule in North Carolina addressing water safety at all children's day camps that offer time in the water and there is no regulatory structure in North Carolina that addresses or has the authority to address water safety requirements at all day camps. Lifeguards provide an important layer of protection to prevent drowning, and when a children's day camp offers water activities, the presence of certified lifeguards would provide protection to help prevent drownings and near-drownings.

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